

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: April 1	
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30	day after election year-end report dissolution
Candidate Full Name (if applicable) Moderator Office Sought and District SI Ining ST. And. Ma. over S Residential Address E-mail: IDL moderator & finail. com E-m	Committee to Elect. J.D. Leone Moderator Committee Name Suzanue M. Lindner Name of Committee Treasurer I Trving St. A.L. MA. 02476 Committee Mailing Address nail: JDL Moderator @ gmail. 6cm ne # (optional): 781-641-3546
SUMMARY BALANCE IN	FORMATION:
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used:	1641.17 164.17 0 1641.17
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee in accordance. Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee. I certify that I have examined this report including attached schedules and it is, to the best of activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate. I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kin campaign finance activity of all persons acting under the authority or on behalf of this commission. Signed under the penalties of perjury:	thions and liabilities for this reporting period and represents the campaign ance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 5.6.16 f my knowledge and belief, a true and complete statement of all campaign finance with the requirements of M.G.L. c. 55. I have not received any contributions, report f my knowledge and belief, a true and complete statement of all campaign do contributions and liabilities for this reporting period and represents the

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(aiphiabetical fisting required)	Amount	(for contributions of \$200 or more)
- 1			
ne 9: Total Recei	pts over \$50 (or listed above)	Q	
ne 10: Total Rece	ipts \$50 and under* (not listed above)	8	
me 11. TOTAL D	RECEIPTS IN THE PERIOD	€	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Data Daid	To Whom Paid	4.11	D 65	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		J L		
]		
-		Line 12: Total Expanditures	over \$50 (or listed above)	X
		Line 12: Total Expenditures	over \$50 (or listed above)	
		Line 13: Total Expenditures	350 and under* (not listed above)	XX
		Ento 15. Total Experiences of	(not listed above)	
	F	Line 14: TOTAL EXPENDI	TUDES IN THE DEDIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	X
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	6

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c, 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	4			

Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

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